

OFFICE OF THE REGISTRAR

Registrar@baylor.edu Phone (254) 710-1181 To facilitate processing, please fill and sign this form DIGITALLY.

(Please do not print/scan.)

Undergraduate Degree Audit Petition

(Arts & Sciences Dean's Office Only Form)

School/College:	Advisor:	LACT	FIRST/PREFERRED	
Name:		LAST Da		
Baylor ID: Expected Graduation Term:				
Email:		Phone:		
Degree:	Major:	Concentration: MAX 4 CHAR. CONC. CODE - MAX 4 CHAR.		
Briefly state your petition:				
Advisor/Dept Support – STUDENTS DO NOT WRITE BELOW THIS LINE				
I support this petition		I support this petition		
☐ I do not support this peti	tion	☐ I do not support this petition		
Signature:	5	Signature:		
Please use Adobe Digital Signature – DO NOT check "lock" so that others can fill/sign as needed.				
Please make the following changes to the student's degree audit – DEAN'S OFFICE USE ONLY				
MODIFICATIONS			l	
Course Substitution(s)	: Sub(s)	Required Course(s)	Related hr. adjustments	
Use new line for each sub or				
multi-course sub. Specify level(s) for hr. adjustment	c			
(req, subreq, etc.).	3			
Allow upper-level transfer after 90 hr. Course(s):				
Allow concurrent enro	Ilment Term:		Transfer Hrs.:	
SPECIAL MODIFICATIONS				
Waive Course/Requirement: Ct./Hrs.			Ct./Hrs.	
Requirement Modification(s) or Other Academic Adjustment(s):				
REASON FOR CHANGES:				
(required for special mod)				
☐ Approved ☐ Not App	proved Dean/Au	thorized Signature:		